Security Council

Fifty-fifth year

Provisional

4172nd meeting

Monday, 17 July 2000, 10.30 a.m.

New York

President:	Mr. Robertson	(Jamaica)
Members:	Argentina	Mr. Cappagli
	Bangladesh	Mr. Chowdhury
	Canada	Mr. Vamos-Goldman
	China	Mr. Wang Yingfan
	France	Mr. Texeira da Silva
	Malaysia	Mr. Hasmy
	Mali	Mr. Ouane
	Namibia	Mr. Andjaba
	Netherlands	Mr. Scheffers
	Russian Federation	Mr. Gatilov
	Tunisia	Mr. Ben Mustapha
	Ukraine	Mr. Kuchynski
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock
	United States of America	Mr. Holbrooke

Agenda

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. The final text will be printed in the *Official Records of the Security Council*. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178.

00-53552S (E)

The meeting was called to order at 11.55 a.m.

Adoption of the agenda

The agenda was adopted.

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

The President: I should like to inform the Council that I have received letters from the representatives of Indonesia, Malawi, Uganda and Zimbabwe, in which they requested to be invited to participate in the discussion of the item on the Council's agenda. In accordance with the usual practice, I propose, with the consent of the Council, to invite those representatives to participate in the discussion without the right to vote, in accordance with the relevant provisions of the Charter and rule 37 of the Council's provisional rules of procedure.

There being no objection, it is so decided.

At the invitation of the President, Mr. Pohan (Indonesia), Mr. Juwayeyi (Malawi), Mr. Semakula Kiwanuka (Uganda) and Mr. Jokonya (Zimbabwe) took the seats reserved for them at the side of the Council Chamber.

The President: In accordance with the understanding reached in the Council's prior consultations, and in the absence of objection, I shall take it that the Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

There being no objection, it is so decided.

I invite Dr. Piot to take a seat at the Council table.

The Security Council will now begin its consideration of the item on its agenda. The Council is meeting in accordance with the understanding reached in its prior consultations.

I should like to draw the attention of the members of the Council to document S/2000/657, which contains the text of a letter dated 5 July 2000 from the Secretary-General addressed to the President of the Security Council, transmitting a note prepared by the Joint United Nations Programme on HIV/AIDS that summarizes actions taken to-date as a follow-up to the Security Council meeting on HIV/AIDS in Africa held on 10 January 2000.

Members of the Council have before them document S/2000/696, which contains the text of a draft resolution prepared in the course of the Council's prior consultations.

I shall now give the floor to the Executive Director of the Joint United Nations Programme on HIV/AIDS, Dr. Peter Piot.

Dr. Piot: I come to you today directly from the International Conference on AIDS, in Durban, South Africa, where over 10,000 people from all over the world gathered, as they called it, to break the silence around AIDS. It was the first such conference in the South and in Africa and it generated unprecedented attention to the AIDS problem in the developing world, particularly in Africa. The meeting was opened by President Thabo Mbeki and closed by former President Nelson Mandela, who stated that

> "The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need for us to focus on what we know works."

I believe this can be the theme for our further deliberations.

I believe that this Conference came, and is coming, at a turning point in the epidemic — particularly the epidemic in Africa, but also outside Africa. It's underlying message was one of hope; that prevention works and that there are many examples of it; and that it is possible to improve the treatment and care offered to people living with the virus. I must say that access to treatment was the main theme at the Conference.

Yet the latest news is not so good. Our report to the International Conference confirms that the AIDS epidemic continues its expansion, particularly in Africa, where there are now 16 countries in which more than one tenth of the adult population aged 15-49 is infected. The social and economic gains of the last several decades hang in the balance. No wonder AIDS is the first health and development issue to be considered a threat to global peace and security.

When I spoke to the Council last January, I outlined the relationship between AIDS and war. I brought up the issue of humanitarian aid workers and uniformed services. I suggested that they could be powerful agents of prevention if they are well trained in HIV prevention and behaviour change. Equally important, of course, they can protect themselves from HIV infection. I said that it was a matter of getting our priorities straight and of doing what we know would make a difference. The last six months have strengthened my resolve in this regard.

I will not repeat what I shared with the Council last January. Instead, I will focus on the actions we have taken to date on the basis of that discussion. But first let me assure the Council that the question of AIDS is now at the top of the agenda of the organizations making up the United Nations system, as illustrated by the debate and resolutions of the Administrative Committee on Coordination, the governing bodies of numerous agencies and programmes, the World Bank/International Monetary Fund (IMF) Development Committee in April, and as highlighted by the Secretary-General's report to the Millennium Assembly.

But what have we done in terms of more concrete actions? First, we have intensified clearing house efforts on information on AIDS in Africa within the United Nations, as requested by several members of the Council in January. One of the most comprehensive initiatives in this regard is the Country Response Monitoring Project, which will be launched this month. This effort — in collaboration with relevant Government departments and supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), the Department for International Development of the United Kingdom (DFID), and the Swedish International Development Agency (SIDA) — will enable easy access through the World Wide Web to the latest summary information on the epidemic in specific countries as well as regular updates on the financial support and programmatic actions of various partners in a particular country.

Secondly, the International Partnership against AIDS in Africa, which I described in my statement to the Council last January and which was convened by the Secretary-General in December 1999, is making substantial progress. This Partnership brings together, under the leadership of African Governments, the United Nations system, donor Governments and the private and the community sectors. They all have joined forces under a common framework for action, which was endorsed last week at the Organization of African Unity (OAU) Summit of heads of State or Government in Lomé.

More importantly, I would say, the most significant progress is being made at the country level through, among other achievements, a successful round table in Malawi, which mobilized more than $100 million for AIDS in the country; the creation by the Government of special funds in Burkina Faso and Ghana; renewed community responses in Ethiopia; strategic plans in Mozambique; and the establishment of high-level national coordination councils in Tanzania and other countries.

Finally, as a follow-up to the Security Council discussions, an Inter-Agency Standing Committee working group endorsed an action plan last May which emphasizes the importance of incorporating AIDS also into humanitarian action. It addresses, *inter alia*, the role of the uniformed services and peacekeeping forces in the prevention and spread of HIV; the epidemic's potential to contribute to social instability and emergency situations; and the need to ensure minimum standards of prevention and care before, during and immediately after conflicts or disasters occur.

To implement the proposed actions, which the Standing Committee working group charged the UNAIDS secretariat with spearheading, a humanitarian coordination unit was established by that secretariat in June. Already a number of countries have been identified for the first phase of this effort. The majority are in Africa but countries in crisis and conflict in Asia, Latin America and Europe have also been included.

We have developed a matrix of the strengths of each participating agency in order to build on existing activities and avoid duplication. Country-specific plans of action for moving forward are being formulated. Multi-year budgets are being developed to support these plans, and two basic packages will be developed for AIDS prevention and care in complex emergencies. The first is for use during the acute stages of the crisis, and the second is for pre- and post-crisis situations.

Of particular interest to the Council are the intensified discussions now under way with the Department of Peacekeeping Operations, focusing on

ways to promote responsible behaviour among staff providing humanitarian aid and peacekeeping troops. Specific follow-up actions include training before and during deployment as well as the development of a United Nations medical policy on HIV/AIDS for personnel associated with United Nations missions, including the ensuring of adequate supplies of condoms. The UNAIDS Humanitarian Coordination Unit will be working closely with the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the Department of Peacekeeping Operations and a number of civil defence and military organizations in these areas.

In conclusion, let me now turn to the draft resolution on HIV/AIDS the Security Council is considering. We very much welcome the recognition that HIV/AIDS has adverse effects on all sectors of society. It is, in fact, the breadth and scope of these effects that make AIDS a threat to human security and a potentially destabilizing force worldwide.

The emphasis of the draft resolution on the uniformed services is also significant. During the last several months, the UNAIDS secretariat has sharpened its own focus on training and prevention measures among uniformed services.

In the second operative paragraph, the draft resolution urges all Member States to institute voluntary and confidential counselling and testing for HIV for members of national uniformed forces, particularly troops to be deployed to international peacekeeping missions. We agree with the authors of this draft resolution that voluntary and confidential HIV testing, accompanied by counselling, has a vital role to play in HIV prevention. The value of this approach in terms of better preventive behaviour was made clear in several studies presented at the Durban Conference. Its benefits include improved health through earlier access to care and treatment; better ability to cope with HIV-related anxiety; and motivation and support to initiate or maintain safer sexual behaviours.

To maximize the effectiveness of voluntary testing and counselling, it must be offered as one element in a comprehensive range of HIV prevention and support services. The results of voluntary testing should be confidential, provided in a non-stigmatized environment, and should include pre-test counselling, informed consent and post-test counselling. Testing without informed consent and confidentiality should be avoided, as there is no evidence that such testing achieves public-health goals. On the contrary, such practices often drive the epidemic underground and complicate other prevention measures.

There are, however, many successful counselling and testing services in many parts of the world, so Governments should make such programmes available within the uniformed services — as they should in the civilian community. UNAIDS co-sponsors and its secretariat are willing to work with Governments to ensure that the voluntary testing recommended in this draft resolution not only respects the human rights of individuals, but also achieves the goal towards which it is directed: to protect both the peacekeeping troops and the communities in which they operate.

Remarkably, AIDS is at the centre of the Council's deliberations for the second time this year. We really applaud its foresight. I thank the Council for its commitment and, finally, ask for its support. Implementing the conclusions of the Durban Conference will cost money. Last week, I told the world that beating back this epidemic in Africa alone will cost $3 billion per year for basic prevention and basic care, which is almost 10 times what is being spent today. I repeat this appeal again this morning. Commitment is vital, and resolutions will help. But the world must do more than talk about this epidemic. We must end it.

The President: I thank Dr. Piot for his statement.

Mr. Holbrooke (United States): Thank you, Sir, for making the trip from Jamaica to honour us and to highlight the significance of today's meeting by taking the chair yourself on behalf of Jamaica and on behalf of all of us. Your leadership and that of Ambassador Durrant has made today's event possible.

I want to thank also all the other countries on the Security Council who have agreed to have this unprecedented resolution on a health issue — the first in the history of the Security Council. I want to look back with the Council members on how far we have come since the beginning of January, when the very question of whether we could discuss this issue in this Chamber was before us — and since March, when we wondered we could put preambular language into a resolution. Now we have a draft resolution that, as the previous speaker just said, is of tremendous value in this fight.

I also want to especially praise the previous speaker, my friend, one of our leaders, Peter Piot, for his leadership in this field and for returning again to the Security Council today. Without his vision, his creativity and his leadership, I do not think we would be here today. I know that he has told me privately how important the Security Council's efforts are to his efforts.

I also want to bring to your attention, Sir, the fact that we have a very distinguished American delegation here with us today. It is led by three leaders of our Congress who have led the fight in the Congress for more funds for AIDS research and AIDS prevention. Carolyn Maloney, in whose Congressional district the United Nations is located, is to my right in the first row behind me. Sheila Jackson-Lee, from Houston, Texas, one of the leaders in the great fight, is with us today, as is Barbara Lee, from Oakland, California, who is our most tenacious leader, the originator of the Marshall Plan for AIDS, a proposal she submitted two years ago. She is the person who reinstated the money that some members of Congress tried to cut during last week's debate. I pay tribute to all of these people, and especially to Barbara Lee, for her tenacious and effective efforts in this area. I thank you, Sir, for giving us permission to have them join us. We also have here today Reverend Eugene Rivers and Mathilda Krim, two of the great leaders in this fight, and many other people, including some from the pharmaceutical industry, who have come to join us today.

I am really honoured that you are here, Sir, because we think that today's draft resolution is historic for the Security Council. It is certainly not the end of the process of fighting AIDS. The problem continues to get worse, as Dr. Piot has just said, and today's draft resolution marks only an important benchmark in the process. But it is particularly important for the Security Council.

I want to say at the outset to my friends who are concerned about the issue of sovereignty and about what the Security Council should and should not do, that this draft resolution in no way infringes on the sovereignty or authority of countries, but shows the collective will of the Security Council, the most important body of its sort in the world. This draft resolution legitimately extends our interest into a field that had previously not been considered. In no way do we undercut the work of our equally important Economic and Social Council; rather, we reinforce it. I would also mention that the American Secretary of Agriculture, Dan Glickman, will be addressing the Economic and Social Council this afternoon.

As recently as a year ago, as recently as seven months ago, few would have considered AIDS part of such a discussion in the Security Council. Today I think that by this action we show that it is. The world is paying attention to Durban and to the Security Council. This week's issue of *The Economist*, which came out this morning, has AIDS on the cover — another symbol of the importance of this issue to the world.

Since 10 January, when we had our new century and new millennium begin in the Security Council with the session on AIDS, chaired by the Vice-President of the United States, Al Gore, we began to acknowledge that the HIV/AIDS crisis is a threat not only in a health sense but also to the prosperity, to the people and indeed to the security of the world. In his remarks in January, Vice-President Gore reminded us that we owe it to ourselves and to each other and to future generations to fight this disease. He called on all of us to "acknowledge our moral duty and accept our grave and great responsibility to succeed". We are doing so today with this resolution, a historic resolution, as I said before, because it is the first Security Council resolution ever focused on any health issue at all, and it is appropriate that this issue is HIV/AIDS. I believe that today, 17 July, will be marked as a benchmark in the evolution of the Security Council, and it will be a vote that will illustrate our recognition that AIDS is as great a security challenge as we have faced since the founding of the United Nations.

This draft resolution also serves as an example of one of the primary purposes for which the United Nations was created more than half a century ago: to galvanize international action to meet common threats. AIDS is not just the problem of a single country. It is not just an African problem; it cannot be treated simply as a problem of a single continent. In a world defined by globalization and interdependence — two of the catchwords of the modern era — we cannot do triage by continent, and we cannot simply focus on economic interdependence; we have to recognize that while interdependence provides economic opportunities, it also can pose global threats. You cannot deny AIDS a visa; you cannot embargo it or quarantine it. You cannot stop it at a border. That is why we must work together.

This draft resolution covers many things, but it focuses appropriately on the area where the Security Council has primary responsibility and the most at stake, in particular in addressing the impact of AIDS on peacekeeping. Let me speak here an unpleasant truth. While United Nations peacekeepers perform very admirably, and while all who contribute to peacekeeping deserve our respect and admiration, it is a fact that without proper training, education and steps towards prevention, peacekeepers may also be spreading AIDS inadvertently.

I want to pause here for a moment to pay special tribute to the peacekeepers in the United Nations Mission in Sierra Leone, who so marvellously and bravely battled their way to safety yesterday at Daru, and to express my great sympathy to the Indian peacekeeper, the sergeant who gave his life in that effort.

This is an example of United Nations peacekeeping at its best. But we must also recognize that HIV/AIDS can ironically produce the opposite result from what is intended.

On a personal note, I first encountered this issue in 1992 when as a private citizen I visited Cambodia and visited the United Nations Transitional Authority in Cambodia (UNTAC) in Phnom Penh and talked at that time to Mr. Akashi and Mr. Carney and other members of the United Nations team. I was deeply impressed by their efforts, but I was disturbed by the fact that the United Nations forces were already spreading AIDS. I was so disturbed, in fact, that on 27 July 1992, as a private citizen, I wrote a letter to Mr. Akashi and Mr. Carney, raising this issue with them. I mention this because this is not, to me, a new issue, and there is a sense of grim satisfaction that we have — although much too late — come to this action. On that date, I wrote something which, if one changed the name "Cambodia" to the words "certain countries in Africa where peacekeepers are", would be true today. I hope that this draft resolution will go a long way towards ending it.

To be sure, the Security Council and the United Nations cannot require Member States to force involuntary testing of their troops. This would violate the United Nations respect for national sovereignty, but we recommend — and Dr. Piot is correct in drawing attention to paragraph 3 of the draft resolution — and urge that all countries increase their testing, especially of those troops that will be sent overseas. Once troops become part of a United Nations peacekeeping mission, the United Nations should have an obligation to provide them with education and training; to provide condoms, as the Department of Peacekeeping Operations has now started to do; and to take other actions to prevent the spread of the disease. We must avoid the supreme irony which would occur if, in the course of trying to prevent conflicts, United Nations peacekeepers spread a disease even more deadly than the conflicts themselves.

In fact, it is equally true that, in today's world, one cannot have a modern and effective military unless AIDS is taken seriously and troops are tested and educated. It makes as much sense to prepare, arm, train and protect our troops from such enemies as AIDS as it does to protect them from enemies with guns and mortars.

In the United States, incidentally, every troop sent abroad gets tested for AIDS. If a soldier tests positive, he or she stays at home to get treated. I might also add that, last week, the Congress, in conference, put $10 million into the Defense Department budget to authorize the Defense Department to participate in working with other Governments and with the United Nations on this issue, as well as with military establishments. I am pleased that this has passed the conference and I hope it will get the support of the full Congress shortly.

This draft resolution calls for a number of important measures to address the pandemic on all fronts and all continents and in all populations affected. It urges the United Nations Member States to create effective long-term domestic strategies. It calls on the United Nations to ensure robust training for peacekeepers. It urges Member States to institute voluntary and confidential testing of all military personnel, especially peacekeepers, and it asks the Secretary-General to develop the means to track nations' policies in military forces around the world.

These are all significant steps, but while peacekeeping is the draft resolution's primary focus, the ultimate goal must be to increase international intensity and coordination against HIV/AIDS across the board. The fight against AIDS is not the Security Council's alone. It must be waged at every level in every agency throughout the United Nations system: in the Economic and Social Council, in the United

Nations Children's Fund, in the Office of the United Nations High Commissioner for Refugees, in the United Nations Development Programme, in the United Nations Conference on Trade and Development and in the Department of Peacekeeping Operations; by everyone behind a desk in Geneva and New York; and by every humanitarian worker in the field. The challenge of AIDS far surpasses the ability of any of us alone. It will require a combined commitment, our cooperation, our creativity and our resources.

Let me stress again that today's action is significant and it is groundbreaking, but it is only a beginning. We welcome today's meeting and we hope that you, Sir, will invite Dr. Piot to return to visit us periodically. I would draw to your attention the fact that he is here more or less on schedule, as was suggested in the January meetings by several of the ambassadors here today.

Today's effort should strengthen our resolve. In the days ahead, we will have an opportunity to take further action, including at the Millennium Summit and in the upcoming session of the General Assembly. Let us commit ourselves to bringing the same sense of determination and cooperation then that we have shown today. Again, I thank you, Sir, for making the trip here today, and Dr. Piot, his team and all the people who work so hard on this issue. We in the Security Council are honoured to be able to join the fight to highlight the fact that it is more than a health problem and to help accelerate this battle. I want simply to underline my personal view that, of all the problems we face in the world today — and there are many: the conflicts we are here to try to prevent or contain; nuclear proliferation; population issues; environmental issues; and social and economic issues — I think that this is the most serious problem we face because of the damage it can do to everything else.

The President: I thank the representative of the United States for his kind words addressed to me.

Mr. Andjaba (Namibia): Thank you, Sir, for convening this meeting. Your presence here is a clear demonstration of the importance that you yourself and your Government attach to finding a common solution to the scourge of HIV/AIDS. Let me also thank the United States delegation, and in particular my dear friend and colleague Ambassador Holbrooke, for their vision and continued leadership on this matter.

I also wish to take this opportunity to welcome in our midst the high-powered delegation from the United States Congress. It is most welcome; its presence here today is a clear demonstration of its members' commitment to the eradication of the AIDS pandemic facing us today.

Our gratitude also goes to Dr. Piot for his tireless efforts and for the very informative briefing he provided us this morning.

This second meeting of the Security Council on HIV/AIDS will culminate in the adoption of a resolution that we hope will contribute to the ongoing efforts aimed at addressing the pandemic. Indeed, there are many players in this field and, in our view, the concerted efforts of all concerned should lead to the eradication of this dreadful evil.

Many countries that are heavily affected by the pandemic, including my own, Namibia, have acknowledged the severity of HIV/AIDS and its impact on our populations and have demonstrated the necessary political commitment for the prevention of the pandemic. However, prevention alone is not sufficient, given the large numbers of people already infected with the virus. Due to a lack of resources and the inaccessibility of HIV drugs, not much progress has been attained in the treatment of the disease. Thus, Governments cannot do much for the people already infected, who are therefore left to die without hope of treatment.

The gains made in sustainable development will be lost if a remedy to the spread and devastating consequences of HIV/AIDS is not found. It is therefore essential that populations in developing countries have access to effective AIDS drugs that will help prolong their lives. I would hasten here to stress that these drugs should be provided at affordable prices.

We are grateful to countries and organizations that have provided resources to fight the HIV/AIDS pandemic. We encourage them to continue, and we call on others to emulate their actions. Furthermore, we welcome the announcement by the World Bank that it will soon present a multisectoral AIDS programme for Africa to its Board of Directors. This will no doubt facilitate the efforts of Governments in implementing their nationwide HIV/AIDS strategies. In the same vein, we welcome the launching of the Joint United Nations Programme on HIV/AIDS initiative of the International Partnership against AIDS in Africa.

We note the progress made on key issues relating to HIV/AIDS at the Thirteenth International AIDS Conference, which was held in Durban, South Africa, as reported this morning by Dr. Piot. We are hopeful that coordinated efforts of this kind will continue. We note specifically that access to treatment emerged as a key issue of the conference, with access to anti-retroviral therapy being central.

We recognize that the issue of HIV/AIDS does not fall directly within the purview of the Security Council. In maintaining international peace and security, the Security Council will contribute in a major way to minimizing the impact of HIV/AIDS in conflict areas and assist Governments in devoting more resources to tackling social and economic problems.

We welcome the efforts being made by the Department of Peacekeeping Operations in ensuring that peacekeeping personnel are well informed about HIV/AIDS prevention and the implications of HIV-risk behaviour.

Finally, at the same time as we strive to make treatment accessible to all the peoples of the world, the search for a vaccine should be vigorously pursued.

The President: I thank the representative of Namibia for the kind words he addressed to me.

Mr. Cappagli (Argentina) (*spoke in Spanish*): My delegation would like to begin by expressing its appreciation to you, Mr. Minister, for your presence here today and for your decision to preside over this important meeting. We are also grateful for the presence of Mr. Peter Piot, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and for his statement. We would also like to express our satisfaction at the results of the Thirteenth International AIDS Conference recently held in Durban, although the results may not have been as promising as we had hoped.

Peacekeeping operations have become a vital means through which this Council can discharge its primary responsibility. The mandates designed for such operations and the results that they have achieved have been subjected to various forms of criticism. However, it is incontestable that such missions are the main tool that the international community has today to maintain international peace and security. These operations require a significant contribution in human and material resources on the part of a number of Member States which, like Argentina, from the outset have favoured peacekeeping operations and taken an active part in them. In order to maintain the level and the quality of such contributions, it is essential to minimize as much as possible the risks to which the personnel participating in these missions are exposed.

Argentina supports the draft resolution on which we are about to vote. We regard it as one further step in this campaign of risk reduction additional to those taken by a number of Member States, including ours, when we asserted the need to enhance the security of United Nations and associated personnel in the context of peacekeeping operations. It is true that the question of AIDS is not the only problem facing the personnel of such missions. However, we need to bear in mind the fact that this disease is one of the factors that have caused loss of life in these missions. Such losses could, perhaps, have been avoided through better preparation and training of the personnel serving in such missions.

With regard to the global dimension of the AIDS question, Argentina reaffirms here the points it raised in our debate on 10 January, in particular the relationship that exists between this grave problem and the concept of human security and the set of measures which we recommended for adoption on that occasion.

The endeavours of the international community to contain this disease must continue. Only the concerted efforts of all relevant actors, in particular the countries in which the most effective medications to treat this disease are produced, will make it possible to prevent AIDS from becoming a threat to international peace, stability and security in the future.

The President: I thank the representative of Argentina for the kind words he addressed to me.

Mr. Ben Mustapha (Tunisia) (*spoke in Arabic*): At the outset, allow me to congratulate you, Mr. President, for convening this meeting. It is truly a pleasure to see you, Mr. Minister, personally presiding over this important meeting. Your presence among us clearly shows the importance that your friendly country, as well as all countries members of the Security Council and the international community as a whole, attach to a discussion of the AIDS pandemic and international peacekeeping operations. I should also like to express our thanks and appreciation to Mr. Peter Piot, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for his useful briefing on the important steps taken

since our previous meeting to implement this Council's recommendations.

It must be recalled that the Security Council took up the issue of AIDS in a comprehensive manner under the presidency of the United States earlier this year. It recalled the threat of this pandemic and the need to implement a comprehensive international strategy to combat AIDS through complementarity and cooperation among all United Nations organizations and agencies within their own competencies. In this context, we must pay tribute to the General Assembly and the Economic and Social Council for their lead role in combating this pandemic. We note with satisfaction the inclusion in the agenda of the General Assembly of an item to review the problem of AIDS in all its aspects.

The Security Council's consideration of the pandemic is taking place with a clear understanding of the growing threat of the pandemic and of its relation to peace and stability, particularly in some African countries. Furthermore, the fact that this meeting is being held following the Durban Conference on AIDS dictates that we take up the recommendations of that Conference in order to render them practical and implementable.

The international community is duty-bound to devote its energies and exert maximum efforts to contain the current situation and avoid further tragedies through reliance on international solidarity. It is the only lifeline, given the complexity and danger surrounding this problem. Time is short. Furthermore, international commitment must be heightened. All States' efforts must be encouraged. States must be urged to implement national plans within a comprehensive international strategy. Scientific research must be encouraged and placed with the reach of all countries.

My delegation asserts the right of the whole of mankind to benefit from scientific progress, free of prejudice and discrimination. It is unacceptable that the majority of humanity be denied the benefits of medical progress or the necessary drugs merely because they are developing countries. We believe that one of the most important international duties is to ensure that treatment and drugs be available at affordable prices. Such ideas should be entrenched in an international partnership among all actors against AIDS.

In this context, we must pay a tribute to France for its practical proposals against AIDS, particularly the creation of an international solidarity fund to mobilize financial resources and for its call to hold an international conference for all parties, including the pharmaceutical industry. We believe that initiative merits international attention.

We believe that disputes and crises are fertile ground for the spread of AIDS. Therefore, peacekeeping forces can play an important role in awareness-raising and providing means of prevention for themselves and others. That objective cannot be accomplished without prior appropriate training of these units. They must be prepared and equipped to shoulder the responsibilities mandated to them.

In conclusion, I wish to express my delegation's support for the draft resolution before the Security Council, because of the initiative of the United States of America. I also wish to express my deep appreciation to Ambassador Holbrooke for his unceasing efforts from the beginning of this year to reach this stage of presenting the draft resolution to the Council. It is an historic initiative. The Security Council's concerns have thus expanded to include all issues pertaining to international peace and security.

The President: I thank the representative of Tunisia for his kind words addressed to me.

Sir Jeremy Greenstock (United Kingdom): It is good to see you, Mr. President, presiding over our affairs this morning. Thank you for drawing extra political attention to this subject by your presence.

France will later make a statement in the name of the European Union, which the United Kingdom fully endorses, and therefore my own statement will be brief.

We are very grateful to Dr. Peter Piot for his useful statement and update in our debate this morning and for the excellent work which the Joint United Nations Programme on HIV/AIDS (UNAIDS) is doing on this subject. As he emphasized, the work of the United Nations system and of the wider international community needs to be coordinated, if it is to be fully effective. UNAIDS has a vital role to play in this regard, and we are pleased with its developing practical proposals for United Nations peacekeeping forces and other uniformed services.

It is important more generally that we have a target to work towards on HIV/AIDS. The resolution

before us refers to the international target to reduce the rate of new HIV infections in the 15- to 24-year-old range by 25 per cent by the year 2010. This is a realistic and an achievable goal. But, as the Secretary-General made clear in his report to the Millennium Assembly, it will require international action to be better coordinated and intensified across the board.

It is vital to see HIV/AIDS as more than just a public health issue. It is a global crisis which, by creating environments in which political and ethnic tensions can worsen, will contribute to the proliferation of armed conflict. We are now starting to recognize that security conditions have a direct impact on the spread of AIDS. For that reason, the Security Council must continue to focus on AIDS in the peacekeeping context as part of its primary responsibility for maintaining international peace and security. Developing a more professional approach to the prevention of conflicts is, in the AIDS context and more widely, vitally important.

The draft resolution focuses on the link between the spread of HIV/AIDS and peacekeeping. That is not to denigrate peacekeepers as agents of the virus. But the Council must always recognize that peacekeepers do not operate in isolation from the local community. The draft resolution therefore rightly highlights the importance of peacekeepers from all countries being made aware of the risks, both to themselves and to others, of HIV/AIDS.

We welcome the initiatives that have been taken in the Security Council this year and pay tribute to the leadership of the United States, and particularly of Ambassador Holbrooke in this regard. But the Council does not have the main responsibility in tackling the HIV/AIDS pandemic. All of our delegations must work together in the General Assembly and in the Economic and Social Council to take concrete steps that will make a difference. The United Kingdom looks forward to playing a leading role in that vitally important debate.

The President: I thank the representative of the United Kingdom for his kind words addressed to me.

Mr. Vamos-Goldman (Canada) (*spoke in French*): We also welcome Dr. Piot.

Over the past two weeks information about the acquired immunodeficiency syndrome (AIDS) pandemic — some very encouraging but most very disturbing — has made headlines around the world. That information has reached us as up to 10,000 representatives from Government, scientific research institutions, public health agencies, non-governmental organizations and service organizations dealing with AIDS gathered in South Africa for the Thirteenth International Conference on AIDS. The item is also on the G-8 Summit agenda, which will take place soon in Japan.

From the Canadian perspective, there is no question that the AIDS pandemic has reached proportions that pose a clear threat to stability and development. The overwhelming facts and statistics that have been broadly publicized over the past weeks give substance to this concern. Estimates that almost half of all 15-year-olds in South Africa and Zimbabwe, and even more in Botswana, will die of AIDS should be more than enough to convince anyone still in doubt of the devastating political, economic and social impact of this disease.

Canada agrees with former President Mandela that the AIDS pandemic is one of the greatest threats humankind has faced. This is not, however, just an issue of concern to Africa alone. No region of the world can afford to be complacent. The prevalence of HIV/AIDS is exploding in Asia, where in the last three years about 3 million people have tested sero-positive. And in Canada new alarming rates of HIV infection are showing up again in our major cities.

(*spoke in English*)

There are, fortunately, some bright spots on the AIDS horizon. We would be remiss if we did not recognize efforts made by many countries to address AIDS through the adoption of comprehensive national strategies integrating education and awareness, prevention and treatment aimed at all segments of society. We welcome the update provided by UNAIDS on its work in support of these national efforts, as well its broader activities to intensify cooperation within the United Nations system in its fight against AIDS. We urge all countries that have not put into place effective strategies to deal with AIDS to do so. The international community can assist, but it cannot act in the absence of national efforts.

Approximately 150 Canadians — including scientists, health workers and activists led by Canada's Minister for International Cooperation — attended the Durban Conference to underline Canada's continued

commitment to the global fight against AIDS. In June, we launched an aggressive action plan outlining Canada's proposed contribution to serve clear and attainable international goals that included reducing the level of infections in the 15-24 age group by 25 per cent in the most affected countries by 2005 and ensuring that by 2010 at least 95 per cent of young women and men aged 15-24 will have access to the information, education and services necessary to reduce their vulnerability to HIV infection. Canada will spend $120 million over the next three years, as compared to the $22 million spent in 1999, an important increase in funding that underlines our determination to do our share.

We noted when we last discussed this issue in January that we welcomed the Security Council's consideration of AIDS as further recognition of the need to include non-traditional threats, particularly those that affect human security, in our definition of security. Given the sheer enormity of the AIDS pandemic and the need for urgent action on a global scale, it is appropriate that the Council speak to this issue. The devastating impact of AIDS on people, families and whole societies cannot but conspire against our efforts to build security within and between countries.

We particularly welcomed the views expressed by troop contributors in consultations held on 11 July. We commend the President of the Security Council for organizing this consultation sufficiently early in the consideration of this draft resolution so that the views of the troop contributors could be taken into account. This process should provide a model for future Security Council consultations.

In Canada's view, the Security Council can be most effective in contributing to the fight against AIDS, most notably in Africa, through stepped-up efforts at conflict prevention and resolution. It is clear that populations fleeing conflict areas are more likely to be vulnerable to all types of diseases, including AIDS, and to suffer more as a result of more difficult, if not impossible, access to medical treatment. Ridding affected regions of conflict is the best way to enable them to dedicate resources to the fight against AIDS and to ensure that international support for that fight is most productive.

The safety and well-being of the individual are increasingly the reference point in efforts to promote international peace and security. World peace depends not only on securing borders, but on securing people against threats to their human security, whether it be armed conflict, crime, natural disasters or disease. It is in this context that the AIDS epidemic poses a fundamental challenge to human security, and the threat it poses challenges our humanity. This is reason enough to integrate the fight against AIDS into our efforts on behalf of international peace and security.

Mr. Hasmy (Malaysia): I would like to join others in commending you, Mr. President, for convening this open meeting of the Security Council to consider once again the HIV/AIDS issue, this time in the specific context of peacekeeping operations. Your personal presence here today is greatly appreciated by us all.

Let me also express our appreciation to the delegation of the United States, and in particular to Ambassador Holbrooke, for taking the initiative on this issue during the United States presidency of the Council in the month of January this year and for following it up six months later. We commend the United States for its continued commitment and leadership on this enormously important issue.

Today's briefing by Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than ever before underscores the pandemic character of HIV/AIDS and its debilitating effects on societies, not just in the most affected continent, Africa, but also in several other parts of the world. The update by Dr. Piot, and the latest report on the global HIV epidemic — released late last month by UNAIDS — paints a disturbing picture of the spread of the disease in the worst affected countries. The report shows that the ongoing spread of the HIV/AIDS pandemic in these countries is reversing years of declining death rates and causing alarming rises in mortality among young adults. This, in turn, drastically alters the population structures in the most affected regions.

Today's debate focuses on HIV/AIDS in the context of peacekeeping. As more and more United Nations peacekeepers are deployed in conflict areas, some of which are afflicted by the AIDS virus, there is the imperative need to protect them from being infected from this deadly virus and to ensure that they do not unwittingly spread the disease themselves. This can only be done, first, through proper orientation and

training before their deployment in mission areas, so as to raise their awareness of the potential risks of being infected, and, secondly, through a stringent regime of regular medical check-ups and HIV testing in accordance with established procedures, and offering them prompt treatment when necessary.

We are gratified that AIDS awareness and orientation are beginning to be addressed both by the United Nations and by troop-contributing countries. But it is important to ensure that AIDS-related programmes be undertaken not on an ad hoc basis, but that they be made an integral and mandatory part of the orientation and training for peacekeepers before their departure to mission areas. The members of the international community with the capacity to do so and UNAIDS, which has the expertise, can play an important and constructive role in this area. In such training sessions it is essential to drive the point home to the would-be peacekeepers about the seriousness of the AIDS virus and their debilitating effects on themselves, should they be infected, and of the equally grave risks of their spreading the virus to others, including their loved ones upon their return. This message is particularly important given the daredevil mentality on the part of some soldiers prone to taking unnecessary risks. This is particularly true in the case of those soldiers who are in the most sexually active and adventurous age group. This therefore presents a particular challenge to trainers. Yet, being the most disciplined members of society, military personnel could provide an ideal opportunity in which HIV/AIDS prevention education can be provided to a large, captive audience in a disciplined, highly organized setting.

AIDS spreads indiscriminately — to rebel groups, national armies, and peacekeepers and humanitarian workers alike — in AIDS-afflicted areas, hence the importance of sensitizing all United Nations and other international workers operating in conflict zones to the risks involved. In this regard, there should be increased coordination and cooperation on HIV/AIDS matters between and among relevant United Nations and other international agencies operating in AIDS-afflicted areas. Peacekeepers and other international workers must be made to realize that in the HIV/AIDS virus they confront as deadly an enemy as the traditional enemies they usually come in contact with.

The International AIDS Conference in Durban, South Africa, which concluded just last week, revealed another disturbing aspect of HIV/AIDS in afflicted areas, in that, according to experts, Africa's armed conflicts have played a major role in the spread of HIV/AIDS. Reports on this particular subject from the Conference have indicated that infection rates among combatants, including those in some national armies, are as high as 50 per cent. According to one report, combatants, whether rebel or Government, are not merely the most vulnerable to HIV infection; they are also the most likely to spread it.

This claim is corroborated by a recent United Nations report which indicates that infection rates of sexually transmitted diseases are two to five times higher in the military than among civilians. The problem is compounded by the fact that when troops cross borders, they sexually abuse local populations, using rape as a form of intimidation. This has been widely alleged by international relief agencies and was alluded to by the Minister of Health of Namibia, Dr. Amathila, who sadly reflected on these unfortunate occurrences when she addressed the Council last January. These are the realities of the conflict situations to which we are sending our peacekeepers, and they must be taken into cognizance in formulating any strategy to combat the virus.

The Durban Conference on AIDS also dwelled on the important but sensitive issue of cheap and accessible drugs. In order to meet even the most basic care and prevention needs, numerous calls have been made for dramatically increasing spending on combating the HIV/AIDS virus. However, the United Kingdom-based Panos Institute revealed at the Conference that it would take $60 billion dollars to buy anti-retroviral drugs for all the people living with HIV/AIDS who need them but cannot pay the price. The Institute has also pointed out that money is not the only resource necessary to ensure successful drug treatment. It has also indicated that in order to ensure the effectiveness of the medication, those undergoing treatment must have access to regular laboratory tests and skilled personnel with the ability to interpret those tests and to advise on appropriate treatment. The procedure is as expensive as the medications themselves.

It is perhaps not surprising that the single most contentious issue of the Durban Conference focused on access to care and treatment. Two points require special mention: first, the role of community mobilization in changing the actions of the pharmaceutical sector; and

secondly, the importance of creating an international political and legal consensus to support differential pricing.

My delegation, in the earlier debate on HIV/AIDS in this Council, drew attention to the fact that compulsory licensing was allowed under the World Trade Organization but that, regrettably, with support from their powerful and influential friends, the giant pharmaceutical companies have thus far denied developing countries the right to produce cheaper drugs to save the lives of their people. As my Prime Minister, Dr. Mahathir Mohamad, put it during the fifth International Conference on AIDS in Asia and the Pacific, held in Kuala Lumpur recently, it is regrettable that profit is taking precedence over the need to save people's lives. This is a sad commentary on the current situation. Indeed, faced as we are with the greatest pandemic since the bubonic plague, every effort should be directed towards serving humankind instead.

We would like to commend UNAIDS for starting a new dialogue in May among five pharmaceutical companies and United Nations organizations to explore ways to accelerate and improve the provision of HIV/AIDS-related care and treatment to developing countries. We note that the companies have responded to the call made by Secretary-General Kofi Annan inviting the private sector to engage in partnerships to expand the global response to HIV/AIDS and to support the International Partnership against HIV/AIDS in Africa. Similar calls have been made by other personalities, including the heads of United Nations organizations — in particular Mrs. Brundtland, Director-General of the World Health Organization; Mr. Wolfensohn, President of the World Bank; and Dr. Piot himself, whose advocacy efforts have been instrumental in drawing leading companies into cooperative action to help meet the challenges posed by the pandemic. We also note that Mrs. Bellamy, Executive Director of the United Nations Children's Fund (UNICEF), and Dr. Sadik, Executive Director of the United Nations Population Fund (UNFPA), have also been involved in these discussions and have actively promoted effective alliances with the business community.

My delegation hopes that these efforts will be expanded to include partners from other sectors. This is indeed a promising step in a long-term process and an opportunity for committed Governments, donors, civil societies, people living with HIV/AIDS, and private industry to enter into discussion to scale up access to care in ways that respond to the specific needs and requests of individual countries.

In conclusion, my delegation is pleased to support the draft resolution before the Council and will play its part towards its full and effective implementation.

The President: I thank the representative of Malaysia for the kind words he addressed to me.

Mr. Kuchynski (Ukraine): Mr. President, I am convinced that the fact that you are presiding over this important meeting will give additional weight to our deliberations and decisions.

I would like to thank Dr. Peter Piot for his lucid presentation of the report on measures undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) as a follow-up to the previous Security Council meeting on HIV/AIDS in Africa. That meeting undoubtedly successfully accomplished one of its primary purposes: it contributed to increasing global awareness of the AIDS problem and stimulated further efforts of the world community to address it.

Of course, many actions, as outlined in the report, had been conceived and planned long before the meeting, but it is especially gratifying to see that the Security Council promoted their implementation, thus demonstrating its results-oriented approach to the consideration of this important issue.

We would also like to thank Dr. Piot for the information on the International AIDS Conference, held at Durban. We very much agree with Dr. Piot that HIV/AIDS is an epidemic of global proportions with enormous human and social ramifications that go far beyond the province of health care. As such, it constitutes a global emergency, threatening stability, exacerbating inequalities and undermining sustainable development. AIDS has become a disease of poverty, ignorance and gender discrimination, with the greatest effect on poor children and women.

The most disturbing facet of this disease is that today 95 per cent of all HIV-infected people live in developing countries. The impact of HIV/AIDS on all aspects of development threatens to provoke the reversal of decades of progress in the most affected countries. Many hard-won development gains have already been eroded. Estimates show that in the forthcoming decade no sector — including the trade and economic development, health care, education,

employment, social and other sectors — will be spared the ravaging effects of this epidemic.

We realize that HIV/AIDS will continue to be a serious challenge for many years to come. Facing this challenge will require comprehensive, multisectoral responses that involve a broad range of actors. Failure to meet it effectively will put at risk all other aspects of international development during the next decade.

It is encouraging that increased attention to the problem of AIDS has started to bring the first practical results. We welcome the recent decision by a number of leading pharmaceutical companies, following the appeal from the Secretary-General, to begin the process of cutting the price of AIDS drugs for States affected by the disease. We also welcome the recent move by the United States Government to make the procurement of cheaper anti-AIDS drugs more accessible and affordable. We hope that these steps will be followed by actions on the part of other Governments and drugs producers. At the same time, it is clear that such measures are only one of the factors in what should become a broader and urgent effort.

In our view, only the concerted and coordinated efforts of the international community will be able to successfully address the problem of HIV/AIDS. As we have already indicated on many previous occasions, we believe it is high time for the United Nations to elaborate a comprehensive agenda for action against this pandemic. And it is also our conviction that — while all relevant United Nations bodies can contribute to this cause, according to their respective mandates — the General Assembly should play its central role in tackling this issue of global concern by reviewing the problem in all its aspects and proposing new strategies, methods, practical activities and specific measures to strengthen international cooperation to address the issue.

Ukraine believes that a special General Assembly session would be the most appropriate forum for this purpose. I would also like to inform the Council that just a few days ago my country, along with Costa Rica, the Czech Republic, Nigeria and Zimbabwe, tabled a draft General Assembly resolution for such a session to be held in May 2001. We invite all United Nations Member States to support this draft resolution.

In conclusion, I would like to wish Dr. Piot every success in his work to fight this devastating scourge. Let me express our delegation's hope that today's discussion will provide another boost to this difficult but important endeavour.

Finally, we would like to express our support for the draft resolution before us. It is particularly commendable that the Council has had an opportunity while preparing this draft resolution to take into account the views of troop-contributing countries. We hope this practice will be continued in the future.

The President: I thank the representative of Ukraine for his kind words addressed to me.

Mr. Ouane (Mali) (*spoke in French*): At its 10 January 2000 meeting devoted to examining "The impact of AIDS on peace and security in Africa", the Security Council received an important message from His Excellency Alpha Oumar Konaré, President of the Republic of Mali and the Chairman-in-Office of the Economic Community of West African States (ECOWAS). I would like to recall the substance of that statement. *(S/PV.4087 (Resumption 1), page 11)*

President Konaré started by saluting the holding of this meeting as an initiative that

> "makes it possible to break the complicitous and unacceptable silence that allows AIDS to develop today".

He stressed "the well-known insufficiency of the resources applied until now to eradicate this scourge" whose scope and gravity are evident to all. In conclusion, President Konaré launched an appeal for the international community to launch a crusade against the AIDS pandemic in order to step up research on this disease, to increase prevention and "to provide the necessary support to the millions of persons who are affected by HIV/AIDS, in particular the men, women and children of Africa infected by the pandemic".

What is the situation now, six months later? The international community of course has not remained passive. The General Assembly has placed the question of HIV/AIDS under all its aspects on the agenda of its fifty-fifth session. The Economic and Social Council devoted a special session on 28 February 2000 to the topic, and the Thirteenth International AIDS Conference has just concluded in Durban, South Africa. We welcome the remarkable work accomplished by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in these regards and

elsewhere. I would also like to welcome Dr. Piot and thank him for his very informative statement.

In the framework of today's meeting on "The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations", I would like to say, first, that we support the plan of action prepared by the Inter-Agency Standing Committee and the UNAIDS Secretariat, which fully integrates HIV/AIDS in humanitarian actions and focuses on the part played by the military and peacekeeping forces in both the prevention and propagation of HIV. Secondly, we welcome the measures to intensify international cooperation among national organs, in order to facilitate the adoption and implementation of HIV/AIDS prevention, testing and counselling policies and to promote the treatment of staff participating in international peacekeeping operations. Thirdly, we support the cooperation now existing between UNAIDS, the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the Department of Peacekeeping Operations to reduce the risk of HIV transmission among refugees and host populations, as well as with regard to United Nations staff and the staff of humanitarian agencies in conflict and humanitarian situations.

Beyond the "historic step" of the 10 January 2000 Security Council meeting, and beyond the aforementioned measures, as President Konaré emphasized, there remains the ardent obligation to come up with concrete measures that will prepare the way for all humanity to take hope and have access to equitable treatment.

Almost 20 years after the emergence of this disease, the international community cannot accept a situation in which the patients are in the South and the treatments are in the North. In this respect, we welcome the recommendation of the 105th session of the Executive Council of the World Health Organization (WHO) calling upon member States to

> "improve access to prevention and treatment of infection by HIV and associated illnesses by ensuring reliable systems of distribution and benefits and by providing access to affordable medicine, in particular through the development of a vigorous policy on the use of generic products, bulk purchases, negotiations with pharmaceutical companies and appropriate financing."

We also support the recommendation on pursuing the dialogue with the pharmaceutical industry so that medicine to treat HIV/AIDS may become more affordable to the populations of member States.

We are similarly gratified that the International Therapeutic Solidarity Fund has been established.

As Dr. Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, has pointed out, the priority objective today should be to reinforce political will, resources, systems and social commitment to turning back the course of the epidemic. In that respect, the draft resolution to be adopted today constitutes a further step forward, building on the accomplishments of our meeting of 10 January 2000. That is why we fully support it.

In conclusion, I wish to assure you, Sir, of my delegation's pleasure at seeing the Security Council meet today under your presidency to consider this important matter. We thank the Jamaican delegation for having convened this important follow-up meeting today and the United States delegation, under Ambassador Richard Holbrooke, for having taken the initiative of placing this topic on our agenda last January.

The President: I thank the representative of Mali for his kind words addressed to me and the Jamaican delegation.

Mr. Scheffers (Netherlands): I thank you, Sir, for your presence here in order to preside over our important meeting today. I wish to join previous speakers in thanking Dr. Piot for his very to-the-point and concise presentation, and in general for the excellent work of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

As the French representative will also speak on behalf of the European Union, my delegation can be brief and wishes to highlight a few points only that are characteristic of the Netherlands' approach to the international dimension of the HIV/AIDS crisis.

The Netherlands notes with great appreciation that, increasingly, HIV/AIDS is not seen as just a health problem. Its social consequences are severe and the disease adversely affects a country's potential for economic development. As a matter of fact, AIDS may

ultimately destroy the very fabric of entire societies and aggravate the risk of instability. AIDS might therefore become one of the root causes of conflict.

I am not going to repeat the statistics provided by UNAIDS, but one thing is clear. We are speaking of staggering and alarming numbers. They become even more frightening when we realize that HIV/AIDS spreads with a multiplier effect. This holds true in conflict areas in particular. Soldiers and displaced civilians on the move are important sources of HIV dissemination, while, in those circumstances, the fight against AIDS is particularly difficult.

There are, unfortunately, more and underlying reasons why HIV/AIDS gets the chance to spread so rapidly: poverty and gender discrimination. Misinformation or lack of information are other important elements in the spread of AIDS. Girls are especially ignorant about the disease. According to a survey conducted in 34 countries by the United Nations Children's Fund (UNICEF), it was found that, in about half of those countries, more than 50 per cent of girls from ages 15 to 19 said that they did not know that a person with AIDS could appear healthy. Efforts to reach and teach those girls are hampered by poverty, local customs, violence and social or religious bias, according to UNICEF.

Given this bleak and sombre background, the Netherlands believes that the fight against HIV/AIDS should follow an approach that goes beyond sectors or countries. We also believe that the General Assembly and the Economic and Social Council continue to have a major role to play. Whenever the opportunity arises, the Netherlands wishes to stress the point that political commitment, on both the national and international levels, is equally essential. In this light, we find the reported progress in a number of African countries hopeful and encouraging.

The Dutch international policy to combat AIDS is focused on prevention, care, non-discrimination and relief, as well as on the promotion of research, both biomedical and sociological. Prevention and awareness ought to go hand in hand with relief and care for the victims of the pandemic. However, in the end, only a vaccine will provide a lasting solution.

In this context, the Netherlands supports a research project in Ethiopia. Furthermore, we recently decided to make $20 million available for the International AIDS Vaccine Initiative, aimed at supporting vaccine research and at guaranteeing that these vaccines become available in developing countries. The Netherlands is the second-largest donor worldwide and we will continue contributing to the battle against AIDS in bilateral and multilateral frameworks. In this connection, I am pleased to note that the Netherlands has increased its contributions to UNAIDS and will start a partnership programme with that organization for a total amount of approximately $10 million in 2000 and 2001. Within the UNICEF partnership programme, which is presently under consideration, funds for the battle against AIDS will also be reserved.

As I stated earlier, the Netherlands attaches great importance to the principle of non-discrimination. That is why we support non-governmental organizations working with HIV-positive people and AIDS victims. The fact that HIV/AIDS has been put prominently on the international agenda must now lead to concrete action at the regional and national levels. The feasibility of organizing a meeting under United Nations auspices on access to care for HIV/AIDS should now be analysed in appropriate United Nations bodies and incorporated and streamlined into existing international forums.

Access to drugs, whatever the importance of such an issue may be, constitutes only a part of the HIV/AIDS pandemic and cannot be treated separately from the other issues, such as vaccine development, research, care, efficacy and cooperation with national Governments. All parties should deal with the HIV problem in an integral way.

To conclude, in the broader context of the responsibility of the Security Council in the maintenance of international peace and security, my delegation commends the work of the Inter-Agency Standing Committee working group, as described in the very useful note prepared for this meeting. We welcome the adopted action plan, in which addressing HIV/AIDS has been fully integrated into peacekeeping operations and humanitarian action.

The President: I thank the representative of the Netherlands for his kind words addressed to me.

Mr. Chowdhury (Bangladesh): It is an honour and pleasure for my delegation to see you, Sir, presiding over this important meeting of the Security Council. We very much appreciate your taking the time out to come here and encourage us with your presence.

The HIV/AIDS pandemic is now increasingly recognized as being more than a public health problem. Its nature and extent has made it a development problem for the vast majority of countries. It has the potential to cause violence and social destabilization through the enormous toll it can take on the active members of a society. In the broader context of security, it also has a security dimension.

The world is facing an alarming situation with AIDS. The United Nations has already declared it the worst infectious disease catastrophe since the bubonic plague, which killed a third of the European population in the fourteenth century. All are aware of the frightening statistics of HIV/AIDS and I will not repeat them.

HIV/AIDS is most prevalent in Africa, but no single country is immune. In Asia, new HIV infections increased by 70 per cent between 1996 and 1998. This rapid spread shows that unless drastic measures are immediately taken, it could be as great a scourge in many other countries and regions around the world as it is in sub-Saharan Africa.

For a secure future, we have no choice but to make every effort to halt the spread and impact of the pandemic. The effort should be directed to, and from, all levels. I will briefly mention a few points which we believe would help our efforts against this global scourge. First, with regard to targets, we should focus our strategy on a time-bound target for reducing HIV/AIDS. We welcome the Secretary-General's call, in his millennium report, for a reduction of HIV infection rates in people from 15 to 24 years of age by 25 per cent globally before 2010. This target is based on agreement at the 1999 special session of the General Assembly on the follow-up to the International Conference on Population and Development, and we should all make every effort to achieve this goal.

Secondly, one of the issues that emerged from the 10 January meeting of the Council was the need for better coordination and exchange of information between and among the bodies working on AIDS. This must be forcefully sought so that better programmes can be implemented. Following the Council meeting in January, Dr. Peter Piot, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), informed us of a specific plan for the major intensification and mobilization of efforts to address AIDS. We appreciate his statement today, which was in keeping with his commitment to brief the Council regularly on the status of the plan.

Thirdly, there should be a strong partnership between Governments, international organizations and civil society, particularly the private sector so that the pharmaceutical companies, in partnership with the donor nations, can come up with affordable vaccines to prevent infection. As this affliction is concentrated mostly in the poorer countries, there is no way that, without major political and resource commitments, AIDS prevalence can be reduced to any significant extent.

Fourth, with regard to knowledge and education, there is a stigma associated with open discussion of HIV/AIDS in many of our societies. This deprives the potential victims of useful knowledge needed for avoiding infection, and for preventing those already infected with HIV from transmitting it to others. There should be a systematic approach for the dissemination of knowledge, particularly among the young. It is worth noting that, globally, six people under the age of 25 contract HIV every minute. They account for 40 per cent of all new infections.

Finally, at the thirteenth International AIDS Conference, which concluded in Durban last week, there were signs of increased commitment and heightened efforts by all to combat AIDS. We hope that such cooperation will result in the achievement of the target that we set for ourselves.

We believe that in view of the broader dimension of HIV/AIDS and its wider impact on societies, the draft resolution that the Council is working on should focus more on that aspect in its operative part.

Before concluding, allow me to commend the initiative of the United States presidency in January for its efforts to put HIV/AIDS in the limelight by having the problem discussed in the Security Council. Our particular appreciation goes to Ambassador Holbrooke for his pioneering initiative on the draft resolution that the Council will vote on later, and his efforts in mobilizing the Council, as well as other United Nations bodies, inspiring their efforts in their fight against HIV/AIDS.

The President: I thank the representative of Bangladesh for the kind words he addressed to me.

I shall now make a statement in my capacity as the Minister for Foreign Affairs of Jamaica.

I wish to thank the head of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for his introduction of the report of the Secretary-General on follow-up to the Security Council meeting on HIV/AIDS in Africa, contained in document S/2000/657. We welcome the establishment of the Inter-Agency Standing Committee set up in February 2000, and commend its efforts in working towards the development of strategies for addressing HIV/AIDS in peacekeeping and humanitarian operations.

The many reports available to us point to one undeniable fact: the AIDS pandemic has reached catastrophic proportions, not only in Africa but also worldwide. HIV/AIDS has had a devastating impact on many countries, and is threatening to wipe out economic and social gains, hard-won over past decades, and threatens the future of many countries. Situations of conflict are fertile grounds for the spread of HIV/AIDS among affected populations.

The cycle of the epidemic cannot end until the world community acts in unison to deal with this scourge. It would be morally wrong to ask young men and women to serve the cause of peace without acknowledging that HIV/AIDS also poses a real threat to their well-being. We must seek to prepare them for this emerging challenge. To the extent that the HIV/AIDS epidemic could affect the efficacy of peacekeeping operations, the Council has a responsibility to seek to address the challenges presented. My delegation therefore supported the inclusion in all peacekeeping resolutions of a paragraph on efforts to sensitize peacekeeping personnel to the prevention and control of HIV/AIDS and other communicable diseases. We must begin to properly sensitize peacekeeping personnel, and in this regard, we commend the work of the Department of Peacekeeping Operations.

Jamaica recognizes that the issues of peace, security and development are multifaceted, and must be tackled in a holistic manner. These efforts require a multisectoral response from the international community and, with regard to the United Nations system, necessitates the involvement of all its organs and agencies. To do otherwise would be to deny the truly complicated interrelationships that militate against sustainable peace and security in many regions of the world. In this regard, we commend the Economic and Social Council, UNAIDS, the World Health Organization, the United Nations Children's Fund and other agencies for their work in formulating appropriate responses to the HIV/AIDS pandemic.

While researchers continue to seek a cure for AIDS and to develop vaccines, the international community must build on the experiences and lessons learned and endeavour to find ways to ensure that the advances in medications and treatment are widely available. Jamaica therefore supports the holding of a special session of the General Assembly to address appropriate responses to the HIV/AIDS pandemic. We support this draft resolution and wish to commend the United States of America for bringing it forward.

I now resume my function as President of the Council.

Mr. Texeira da Silva (France) (*spoke in French*): I have the honour of speaking on behalf of the European Union. The Central and Eastern countries associated with the European Union — Bulgaria, the Czech Republic, Estonia, Hungary, Poland, Romania, Slovakia and Slovenia — and the associated countries Cyprus, Malta and Turkey align themselves with this statement.

The debate today follows up the Security Council meeting of 10 January 2000, which was devoted to the impact of AIDS on peace and security in Africa and was presided over by the Vice-President of the United States, Mr. Al Gore. That meeting was a major event which the Security Council had the obligation to follow up.

AIDS has special characteristics which has made this human and medical tragedy also one of the major causes of economic and social decline that the developing world has had to confront for decades. The pandemic's impact is particularly unacceptable in these countries, where decades of effort and progress have been wiped out, as borne out by the brutal drop in life expectancy in certain African countries to early levels of the 1970s.

AIDS is a massive killer. It caused 10 times more deaths last year than did all the conflicts on that continent, and by leading to the disappearance of trained and qualified staff it destabilizes entire sectors of society: education, health, the productive sector and security.

Finally, it is clear that conflicts that topple the structure of social organization and destroy

infrastructures, particularly health and medical infrastructures, are, unfortunately, propitious for the propagation of the pandemic. In addition, there is the sexual violence committed by the combatants themselves that directly contributes to the spread of the disease. We must therefore promote the mobilization and coordination of all bodies concerned. Each should play its role in the light of the nature of the problems and the stakes involved.

The efforts of all are necessary. I believe we must once again underscore the importance of the action undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its Executive Director, Dr. Peter Piot, whom we wish to thank for having come before the Council and for describing the efforts undertaken since last January. The 34.3 million individuals infected throughout the world, of whom 24.5 million are in Africa, mean many imminent deaths and the threat of a human tragedy unprecedented in recent history, if we do not find solutions quickly. Mobilization is progressing, fortunately, and the European Union welcomes the convening of the Thirteenth International Conference on AIDS in Durban, in an African land so harshly ravaged by the disease.

The Council has met again today to adopt a resolution. The text focuses on the question of the impact of the pandemic on peacekeeping operations and on the health of civilian and military personnel who participate in these operations. This draft resolution demonstrates that the Security Council is endeavouring to see that the health of these personnel and their families is protected. It also calls for the development of preventive measures for the disease in the context of United Nations operations.

Peacekeeping operations personnel are, as others, subjected to the risk of exposure to AIDS, whether it is a question of operational personnel, particularly military personnel, or the of the medical or dental support staff that provide their care. The European Union welcomes the adoption of this resolution, which shows that the Security Council is endeavouring, within its area of competence, to take account of this grave situation. No effort can be overlooked in waging this difficult yet necessary struggle against AIDS.

I should now like to speak in my national capacity.

Following the meeting of 10 January 2000, France formulated various proposals. I shall recall two.

First is the organization of an international conference, under the auspices of the United Nations, on the question of access to treatment for persons infected with HIV/AIDS in the developing countries. Access to treatment, and particularly to anti-retroviral treatment, was at the core of deliberations at the Durban Conference. The pledge last spring on the part of the pharmaceutical industries to lower medication costs in developing countries and even to engage in free distribution represents a major breakthrough which places a new responsibility on Governments, be they donors or recipients. These pledges must be followed up through partnerships that strengthen the health infrastructures of recipient countries, while guaranteeing that there are no parallel exports to developed countries.

For that reason, France considers that an international meeting under the auspices of the United Nations could usefully organize dialogue in this area, dialogue that would bring together manufacturers, donor countries, recipient countries, non-governmental organizations and patients associations. France welcomes the fact that the operative part of the resolution clearly refers to this matter.

Secondly, we had also proposed that there be prepared, under the auspices of UNAIDS, a file of all bilateral and multilateral actions now under way, in order to ensure consistency and geographical, medical and social complementarity of those actions. We await with interest UNAIDS proposals on this point.

I wish to affirm that France will remain very focused on the question of AIDS in the coming months. It will, *inter alia*, support the proposal to convene a special session of the General Assembly.

The President: The next speaker inscribed on my list is the Permanent Representative of Zimbabwe. I invite him to take a seat at the Council table and make his statement.

Mr. Jokonya (Zimbabwe): Mr. Paul Robertson, Minister for Foreign Affairs of Jamaica, we are delighted to see you in the presidency, although your presence today leads to the relegation of my friend, Ambassador Durrant, to the seat behind you. But we are delighted that you are here, and this is clearly a

demonstration of the seriousness with which your country takes this debate before the Council.

The subject matter being discussed by the Security Council today is one to which my delegation, like many others who have spoken before us, attaches great importance. We are deeply indebted to you, Mr. President, for once again bringing this critical issue to the attention of the Council. It is our sincere hope that at the end of this exercise the Council will take a watershed decision that will challenge the international community to make its best efforts ever in dealing with the HIV/AIDS pandemic, not only within the context of United Nations peacekeeping, but in the context of the most comprehensive solution to this particular problem.

The battle against AIDS, particularly in developing countries, entails enormous costs befitting an international emergency on the grandest scale.

Just last year, the Joint United Nations Programme on HIV/AIDS (UNAIDS) released figures estimating that $2 to $3 billion would be needed annually to combat the disease. The greatest need is in sub-Saharan Africa, home of 70 per cent of all people living with HIV/AIDS. In the face of this emergency, however, aid from industrialized countries for HIV/AIDS related activities in developing countries — home of 95 per cent of people with the disease — totalled only $302 million in 1998, according to the recent UNICEF report, *The Progress of Nations 2000*. Clearly, the international response to this emergency is not matching the challenge.

For too long now we have heard allegation after allegation about a possible conspiracy of silence about AIDS in many developing countries. Considering the large-scale awareness campaigns and prevention programmes launched in many of our countries, the feeling that there might be an international conspiracy of silence about effective and fundamental programmes initiated by Governments in many developing countries is perhaps justifiable. For how is it possible that since the campaign against AIDS began, the international community quotes efforts in, at most, only three developing countries? If that approach was meant to highlight the earliest success stories, surely it has outlived its purpose.

Sterling efforts in too many countries continue to go unnoticed and be under-funded, with tragic consequences not only for the countries concerned, but also for humanity in general. In my own country, Zimbabwe, our national efforts were greatly enhanced last year through the enactment of a clear national AIDS policy when Parliament passed a statute establishing the National AIDS Council. At the same time, the fiscus introduced an AIDS levy at the rate of 3 per cent on income and corporate taxes to provide secure funding for the activities of the Council. I am pleased to announce that the National AIDS Council has already begun to receive disbursements of millions of dollars from the proceeds of the AIDS levy. However, the magnitude of the challenge demands that we continue to appeal for international support in dealing with this international emergency.

With regard to international peace and security, there is no doubt that the adverse effects of the spread of HIV/AIDS on all sectors of society — including individuals, families, workers, political leaders and uniformed services, including the military — have weakened the capacity of affected countries to maintain domestic and regional peace and security. My delegation welcomes and strongly supports the recommendations contained in the March 2000 report of the United Nations Special Committee on Peacekeeping, which affirmed the need to incorporate HIV/AIDS prevention training in aspects of the United Nations Department of Peacekeeping Operations training for peacekeepers.

As a troop-contributing country, Zimbabwe commends the current efforts of the United Nations Department of Peacekeeping Operations to address this issue through the provision of HIV/AIDS prevention awareness skills and advice to peacekeepers through its train-the-trainer courses and materials. We hope that the Council will support the proposal contained in the draft resolution before it to request the Secretary-General to ensure the provision of mission-specific training for all peacekeepers on issues related to the prevention of the spread of HIV/AIDS, and to ensure the further development of pre-deployment and ongoing training for all peacekeepers on issues related to the prevention of the spread of HIV/AIDS.

It has taken too long for the international community to forge a partnership involving all stakeholders — including Governments, the pharmaceutical industry and international institutions — working together to make HIV-related drugs more widely accessible to developing countries. It remains painfully clear that the profit motive

continues to take precedence over humanity's medical well-being. The Secretary-General notes correctly in his millennium report that

> "the world desperately needs a vaccine against HIV". *(A/54/2000, para. 130)*

Regrettably, of the $2 billion spent on research for the treatment of HIV to date, only $250 million has been spent on creating vaccines. We hope that the Council and other main bodies of the United Nations can make decisions and proposals that can stimulate the desperately needed investments in this area.

The President: I thank the representative of Zimbabwe for his kind words addressed to me.

The next speaker inscribed on my list is the representative of Indonesia. I invite him to take a seat at the Council table and to make his statement.

Mr. Pohan (Indonesia): My delegation wishes to extend its congratulations to you, Mr. President, on your assumption of the presidency of the Security Council for the month of July. We have full confidence that under your wise guidance and skilful stewardship progress will be made in dealing with the issues on the Council's agenda.

I would also like to extend our appreciation and gratitude to you, Mr. President, for convening this important meeting. We also welcome the format of today's discussion, which enhances the possibility for the further involvement of States that are not members of the Council to participate in the discussion of an issue deemed critical to the maintenance of international peace and security.

My delegation fully recognizes that HIV is a serious peril that endangers humankind. It is poignant to note that the rapid spread and devastating consequences of HIV is numbing. The millennium report of the Secretary-General notes that

> "Some 50 million people have been infected with HIV since the early 1970s".
> *(A/54/2000, para. 119)*

The sad thing is that the worst effects of the epidemic are particularly striking in developing countries, where health infrastructure is lacking and available HIV vaccines remain costly. The situation has further deteriorated prolonged civil conflicts that have obliterated decades of social and economic development. This multifaceted condition has plunged life expectancies of people in those nations to the same low levels as in the 1960s.

Indonesia believes that the international community should undertake a sincere commitment to eradicate the scourge of HIV. My delegation supports the efforts exerted by the World Bank to set up a $ 500 million package for AIDS programmes in Africa. We endorse a close partnership between the Bretton Woods institutions and the Joint United Nations Programme on HIV/AIDS with a view to ensuring a coordinated, strengthened and expanded response to the HIV plight. We also commend the Secretary-General for his plea in his millennium report to advance innovative public-private partnerships, especially in developing countries, to promote an effective and affordable vaccine against HIV.

While believing that the HIV plague, prolonged civil conflicts and setbacks in development are intermingled in a multifaceted magnitude, my delegation holds the view that linking HIV to international peacekeeping operations raises some serious questions. Are HIV and peacekeeping operations genuinely interrelated, or are they meant to be interrelated? Which aspects of peacekeeping operations are related to the issue of HIV? If they are interrelated, how are they interrelated?

Peacekeeping operations have a wide range of aspects. These include principles and mandates, personnel, planning and organization, the safety and security of peacekeepers, training, administration and finances. The medical aspects of peacekeeping operations are probably the most conspicuous point with which the issue of HIV is tangibly connected. As outlined in paragraph 128 of the report of the Special Committee on Peacekeeping Operations (A/54/839), United Nations peacekeepers in the field face a high risk of the transmission and contraction of HIV/AIDS and other communicable diseases.

As we do not yet have a clear picture of the connection between HIV and international peacekeeping operations, my delegation would like to approach the issue in a practical way. First, my delegation attaches great significance to the orientation on the epidemic provided to peacekeepers before their deployment. Indonesia supports the decision contained in paragraph 128 of the report of the Special Committee on Peacekeeping Operations to welcome

> "the Training Unit's ongoing efforts ... to raise awareness of these diseases ... [to request] the Department of Peacekeeping Operations to incorporate language into the 'Guidelines for Military and CIVPOL Participation in Peacekeeping Operations' manuals, to further raise peacekeepers' awareness of these diseases ... [and to request] the Training Unit to conduct this awareness through the train-the-trainers programme."

Secondly, preventive measures, such as affordable pre-deployment immunizations provided to peacekeepers, will be helpful in mitigating their risk of being exposed to HIV. In that connection, partnerships between the Department of Peacekeeping Operations, UNAIDS and other relevant United Nations agencies, such as the World Health Organization (WHO) and the United Nations Development Programme (UNDP), and between troop-contributing countries and those agencies are pertinent.

Thirdly, my delegation emphasizes the importance of the inclusion of medical units in United Nations missions or operations in countries where HIV is spreading. These medical units should provide regular medical check-ups, on a daily basis if necessary, to peacekeepers and other personnel in the mission. Once the unit finds that one or more members of the mission are showing symptoms of the disease, prompt action should be taken.

Fourthly, my delegation supports the development of HIV mapping in countries where peacekeepers are going to be deployed. This means there is a need for pre-deployment surveys by the Department of Peacekeeping Operations, for example, in cooperation or partnership with other relevant United Nations agencies in the field. Cooperation on the part of the host country will facilitate the mapping process. The data collected from that mapping will help design a deployment strategy that minimizes the risk of peacekeepers' being exposed to the disease.

I should like to conclude my statement by reiterating Indonesia's position regarding HIV/AIDS, as expressed in the open meeting of the Security Council on the impact of AIDS on peace and security in Africa, held on 10 January 2000. My delegation shares the vision of a world free from the unprecedented human disaster of HIV, a world in which HIV transmission is substantially reduced; where there is affordable treatment; where there is a substantial reduction in individual and collective vulnerability to the epidemic; where there is a significant alleviation of the adverse impact of the disease on individuals, communities and nations; where the silence surrounding the disease is broken forever, thereby sharply reducing the stigma and denial that have stifled resolution; and where this deadly disease is ultimately eliminated.

Indonesia believes that this vision can be achieved only through partnerships among the relevant agencies within the United Nations and other systems, and especially between the public and private sectors and members of civil society in developed and developing countries.

The President: I thank the representative of Indonesia for the kind words he addressed to me.

The next speaker inscribed on my list is the representative of Malawi. I invite him to take a seat at the Council table and to make his statement.

Mr. Juwayeyi (Malawi): Let me begin by thanking you, Mr. President, for convening this open meeting of the Security Council today and for attending it personally. I wish also to thank the representative of the United States, Ambassador Holbrooke, for bringing the topic of AIDS to the forefront of discussions here at the United Nations.

Let me also take this opportunity to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for his statement and in particular for highlighting the case of Malawi. He could have gone on to mention the devastation AIDS has wrought on Malawian society.

That brings me to a special section of the draft resolution, which states that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society. If I had had my way, I would have changed that to read: "The spread of AIDS has had a uniquely devastating impact on society" — because that is what is happening in sub-Saharan African today. Having said that, let me now go to my prepared text.

At the International AIDS Conference in Durban, South Africa, last week, the whole world — particularly those parts of the world where the HIV/AIDS situation is very bad — was waiting for good news. The hope was that since the previous

International AIDS Conference had come up with what appeared to be promising and consoling research results, this year's Conference would be an improvement over the previous one. The world expected to hear that a vaccine would be ready soon, or that perhaps a cure was in the making.

If this was perhaps a tall order, sub-Saharan Africa was at least expecting to hear that the so-called cocktail drugs which have prolonged the lives of infected individuals in developed countries would be made available to the least developed countries at prices which they could afford. But sad to say, even that was not forthcoming from the Durban Conference.

I arrived at the United Nations in January of this year, when the issue of AIDS was at the forefront of discussions in the Security Council. At that time, I said to myself that this was very good, because back where I come from, I did not know of a single family that had not been affected by AIDS. Back there, there is a real decline in population growth. For instance, when the national census was done in my country in 1998, we all expected the population to be around 12 million. That was what experts had been predicting for the 1990s. However, when the results were announced, we learned that there were only 9.6 million Malawians. The population growth rate, which had been believed to be more than 3 per cent per year, had actually declined to 1.9 per cent per year. It became obvious that AIDS had given Malawi a death sentence.

I do not want to be misunderstood. I consider myself well informed regarding the benefits of low population growth rates, particularly in the developing countries. With the current adverse economic trends in most of those countries, one would be perfectly happy with a 1.9 per cent population growth rate if the rate were due to informed family planning. Unfortunately, this one was not.

This may sound strange, but Malawi may not be alone in experiencing a low population growth rate due to AIDS. Yesterday *The New York Times* quoted the South African Minister of Welfare and Population Development to the effect that if the AIDS trend goes unabated, South Africa could eventually have a white majority. This is serious business.

The Malawi delegation believed that the Security Council discussions in January might produce fresh ideas for combating AIDS, because it should have been clear to all involved that the strategies that had theretofore been adopted to combat HIV infection had failed. Unfortunately, this was not to be. What emerged was a reinforcement of the same old strategies, with perhaps a little more vigour this time around.

Perhaps, Sir, you noticed this in the tenth preambular paragraph of the draft resolution, which I saw just this morning:

> "*Further recognizing* that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease through large movements of people".

You will have noted that this statement was put in this draft resolution in good faith, but I hope that, despite having put it in there, we will not lose sight of the fact that the most severely affected countries — Malawi, Botswana, Zimbabwe and South Africa — have been stable countries. There has not been any conflict in these countries for the past decade or two — and, for some of these countries, since their independence. We have to remember this. It is not just violence and instability; AIDS must have certain other characteristics that have promoted its wide diffusion.

The Durban conference has left us with little or no hope that there might be a cure or vaccine any time soon. My delegation wishes therefore to call for the adoption of new strategies. There is a need to re-evaluate past strategies, to find out how and why they have failed.

For instance, why is that up until now no one has died of AIDS in much of sub-Saharan Africa? What is it in the African culture that makes it difficult to accept that someone has died of AIDS? AIDS researchers who go to such funerals in Africa always report that the person has died of tuberculosis, meningitis, pneumonia. No one mentions AIDS at all. This is a cultural perspective.

Perhaps it is now time to let experts in culture, instead of medical personnel, carry out in-depth research into how societies can avoid being affected by the HIV virus. For instance, it was only last week that a possible link was revealed between circumcised males and low rates of AIDS infection. Apparently, according to the report, medical personnel have suspected this connection for at least a decade, but it was made public only last week. The ten-year delay in widely disseminating this information is hard to understand. It

is clear to me that this problem was being looked at only from a medical point of view, and not from a cultural one.

However, the practice of circumcision, or the lack of such a practice, is a cultural matter and often not a subject of public discussion. That is why strategies must change.

Since it is clear that a drug to cure AIDS or a vaccine is in the remote future, let us in the meantime allow new strategies to come into play. Let us for a change invest in cultural experts to look at the root causes of behavioural resistance to outdated strategies.

In conclusion, let me say that my country, Malawi, also contributes peacekeepers. And Malawi has always and will continue to ensure that adequate training is given to all of our people in the field. Actually, in my country such programmes are ongoing in the army and in the police, because we realize that people need to know these things before they take on new assignments.

The President: I thank the representative of Malawi for his statement and for his kind words addressed to me.

The next speaker is the representative of Uganda. I invite him to take a seat at the Council table and to make his statement.

Mr. Semakula Kiwanuka (Uganda): I thank you, Sir. My delegation is delighted to see you providing over this session and would like to commend the delegation of Jamaica for hosting this important discussion. We welcome once again this opportunity to discuss in the Security Council the most devastating war faced by mankind during peacetime: AIDS. We commend the Security Council for its continued interest and its determination to be a partner in the fight against AIDS.

Today's session is being held after a landmark conference, the Thirteenth International AIDS Conference, which ended last week in Durban, South Africa. Maybe it is too early to evaluate the impact of that conference. Nevertheless, we can even at this early stage list a number of significant outcomes, including President Mandela's ringing and heart-warming speech, which called for action now.

First of all, at Durban there was a general consensus that AIDS anywhere is AIDS everywhere, that AIDS is crushing the African continent — not only politically, but also economically. Politically because able leaders are dying prematurely. It was also recognized, more than ever before, that AIDS is a development issue and that it is a poverty issue. It is economically an issue because the most productive part of the population is the one being wiped out.

There was also consensus that the AIDS bill is enormous, as we were reminded this morning by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot. Hence the need for a worldwide response. We welcome therefore the commitments by the Bill and Melinda Gates Foundation, the commitments by the World Bank, as well as earlier commitments by the United States, which were outlined in this Chamber during the month of January by Vice-President Al Gore.

Uganda has received honourable mention for its achievements in the battle against AIDS.

I wish briefly, at this stage, to share some of our experiences with you, Sir, and members here present. I emphasize that these are Ugandan experiences and therefore do not apply to or reflect what other countries may think.

First of all, there was open and committed political will at the top. Consequently, Uganda became a model for frankness and bold approaches. Realizing that the formidable challenges posed by AIDS could not be solved by one sector, Uganda adopted a multisectoral approach to show that AIDS is more than a health issue. The strategy involved all government ministries, non-governmental organizations, regional bodies and private enterprises. Public information and the AIDS-awareness campaign have played a key role in informing the population, to the extent that very few Ugandans today would attribute an AIDS death to witchcraft. That is why I say that I am speaking of Uganda's experience and not of other experiences in Africa. There has been massive free distribution of condoms, targeting the sex industry as well. To support government efforts, non-governmental organizations developed a wide range of AIDS-prevention programmes and activities.

The net result of this high-profile government involvement and commitment against AIDS has been that we have begun to see a reversal over the past decade. The prevalence rate was reduced from 30 per

cent at mid-decade to about 10 per cent by the end of the decade.

Again, as a result of our experience and as I have said before, AIDS is a development and poverty issue. Ugandans know as a result of bitter experience that AIDS is not caused by poverty, because we have seen many members of the prosperous part of the population — the entrepreneurs, leaders in the business and industry and the political leadership — dying in like numbers. This is why, in fact, we say that AIDS has a devastating economic impact on societies, because it is the entrepreneurial class, the productive part of populations, that is dying.

AIDS is also a poverty issue, because poverty is responsible for ignorance. People who are better off are better able to utilize the drugs available. They have access to expensive drugs which poor people cannot have. Poverty, in fact, is a major constraint to the prevention of AIDS.

At this stage, I would like to develop a new area in sharing our experiences. My colleague, the Ambassador of Malawi, has said that the spread of AIDS has other characteristics. He rightfully pointed to cultures. I think we need, in our preventive strategies, not only to address culture, but also to address the socio-political environment that, in many countries, has turned the spread of AIDS into a wildfire. The following are some of the dominant conveyor belts and links in the AIDS chain in most of sub-Saharan Africa: the breakdown of traditional values and behaviour due to the impact of modernization; the demographic changes and the impact of urbanization — rural push and urban pull — which have led to the exodus to the cities and slums, the unemployment of many loitering young men and women and the high consumption of alcohol and other good things of life; migratory labour, which leads to wife abandonment and male bachelorhood; the impact of civil conflicts and wars, which this meeting is addressing — conflicts have produced huge numbers of orphans, refugees and internally displaced persons, which, I am glad to say, is also the subject of the present meeting; the mushrooming of urban communities in rural areas; and the widespread and uncontrolled sale and consumption of alcohol, even to and by very young people.

Former South African President Mandela, at the closure of the Thirteenth International AIDS Conference, called for urgent action. I think this urgent action must address behaviour change in our communities. This is a contribution which we, internally, can make. He called for emergency measures — AIDS demands emergency responses.

Before I conclude, let me join others in paying tribute to Ambassador Holbrooke, who, in January this year, pioneered and initiated the introduction of the discussion of this subject as a Security Council issue in this Chamber. My delegation had no hesitation in backing Ambassador Holbrooke when he broached the idea. Now, the resolution before us, which my delegation supports — provided, however, that poor countries will be assisted in building the capacity to test and to undertake preventive measures, as well as to treat. Without that assistance, the call upon many of the developing countries to ensure that all their armies are tested may fall on very infertile ground. I would like to say that Uganda was engaged in awareness education campaigns within the military long before the United Nations and the Security Council thought of the subject.

The President: I thank the representative of Uganda for his kind words addressed to me and to the delegation of Jamaica.

I shall now give the floor to Dr. Piot to respond to comments and some questions raised.

Dr. Piot (*spoke in French*): I wish to thank the members of the Council and other delegations for their statements and support for the struggle we are waging.

There are just two points I wish to make. One, which was raised in a number of statements — first by Namibia and subsequently by other delegations — is on access to health care medicine. I wish first to emphasize that access to health care is now inseparable from prevention in the struggle against HIV/AIDS, whereas until recently all the emphasis was placed on prevention.

At a time when 25 million people in the continent of Africa and 35 million people worldwide are living with HIV/AIDS, it would unthinkable not to take care of those infected. We have had undeniable success in terms of prevention in poor countries, a fact that was emphasized on a daily basis during the International AIDS Conference in Durban.

But very little progress has been achieved in terms of treating people with HIV/AIDS in developing countries. The Joint United Nations Programme on

HIV/AIDS (UNAIDS), working together with our co-sponsoring agencies — the World Health Organization, the United Nations Children's Fund, the United Nations Population Fund and the World Bank — has undertaken a number of initiatives. Our negotiations with the pharmaceutical industry are the best known of them, but we are exploring other avenues, too. It is not just a matter of the cost of the medicines, but also of the infrastructure of the health services, training and the funding of treatment. That is why we must take a global approach to the problem.

We are also exploring other alternatives, such as working with the manufacturers of generic pharmaceutical products. We are researching the situation of patents on anti-HIV medicine and disseminating that information to countries. A contact group has been set up by the Programme Coordinating Board — the governing body of UNAIDS — to accompany this process, which, we should be under no illusions, is very complex and will take a long time.

With regard to the proposal of France for the convening of an international meeting of interested parties to try to find a solution to the problem — we are all a part of the problem — we have agreed with France to initiate discussions on the specific outcome expected of such a meeting, where to place it in the overall context and its relevance to any future special session of the General Assembly. We would also have to consider how to provide funding to implement the conclusions of such a conference, so that it does not remain a dead letter but produces real results for people living with HIV/AIDS throughout the world. We would inevitably have to include other considerations that go well beyond public health and access to medicines, such as world trade, tariffs and the protection of intellectual property.

The second issue raised by France related to the database that we are in the process of setting up. As I said in my report, we have already begun our work. For some countries it has already been set up. I believe that, working with our partners in the United States Agency for International Development, the Department for International Development and the Swedish International Development Agency, we have already set up a programme to ensure consistency and to create a single database.

(*spoke in English*)

The draft resolution that the Council is considering is historic: it would be the first recognition in this body, and by the international community, of a link between AIDS — an infection — and human security and development. The link with development has been made by the Economic and Social Council in earlier resolutions. I think that we cannot underestimate how important it is and how much it matters how we conceptualize AIDS. It really makes a difference. Whether it is considered merely as a health or medical problem, or as a development and security problem, too, dramatically changes the way we tackle it. It dramatically changes the kind of resources that can be used to tackle the problem. We have all seen and learned that this is such a complicated and overwhelming problem that it is too heavy to put on the shoulders of one sector or one individual.

I would like to thank the Council for holding this debate and for considering the draft resolution. This draft resolution will help us tremendously — not only UNAIDS and our co-sponsors, but also the community groups and Governments — in our very difficult work. But we must also help to implement the draft resolution, as rightly requested by the representative of Uganda.

Finally, I would like to thank the Council for its leadership and, in particular, you, Mr. President; it has been an honour to be present and to speak at a meeting chaired by you. I would also like to pay tribute to Ambassador Holbrooke for his truly entrepreneurial leadership, which shows that risk-taking should be considered as something very positive in international affairs and when it comes to fighting AIDS.

Finally, as I said, for me the Durban Conference was truly a conference of hope, not because of scientific or technological breakthroughs — we have learned that it is not technology that is slowing this epidemic down — but because of the people, empowered by their leaders and empowered by resources. The Council's draft resolution and resolute engagement provides further hope. It is our role as leaders to keep alive the hope — hope that is such a precious commodity when it comes to fighting AIDS; there is not much more hope besides this leadership. I thank the Council very much for its leadership.

The President: I thank Dr. Piot for the clarifications and answers he has provided and for his kind words addressed to me.

It is my understanding that the Security Council is ready to proceed to the vote on the draft resolution (S/2000/696) before it. Unless I hear any objection, I shall put the draft resolution to the vote now.

There being no objection, it is so decided.

A vote was taken by show of hands.

In favour:

Argentina, Bangladesh, Canada, China, France, Jamaica, Malaysia, Mali, Namibia, Netherlands, Russian Federation, Tunisia, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America

The President: There were 15 votes in favour. The draft resolution has been adopted unanimously as resolution 1308 (2000).

There are no further speakers inscribed on my list. The Security Council has thus concluded the present stage of its consideration of the item on its agenda.

The meeting rose at 2.40 p.m.